

Imposition of Intermediate Sanctions

(temporary incarceration)

Offender Name _____ ODOC # _____

Violation(s) of Rules and Conditions of Parole:

Rule # **Violation**

Sanction(s) Imposed To include program, date to begin, length of sanction, and expectation (if a community based program is required, the time, location and transportation arrangements must be set out herein.)

Medical Issues: (list any known medical conditions/medications the offender is currently taking)
Offenders taking prescribed medications shall take the medication, in the original pharmacy container, and release said medication to security until such time as the medical unit approves the medication for the offender to keep on his/her person.

Employment Information:

Employer: _____
Address: _____
Telephone: _____
Supervisor: _____
Position: _____
Rate of Pay: _____
Work Schedule: _____
Pay Period: _____
Percentage of Program Support Fees: _____ (to be determined by confining facility not to exceed 50% of net wages) _____

Transportation Arrangement

Transportation to/from work: _____
 Name of Person Providing Transportation: _____
 Address: _____
 Telephone Number: _____
 DOB: _____/SSN: _____
 Prior Incarceration/Probation _____yes_____no
 Make/model of car: _____ Tag No. _____
 Review of Applicable Policies:

- OP-090110 entitled "Work Release"
- OP-030118 entitled "Visitation"
- OP-031001 entitled "Inmate Escorted Leave/Activities"
- OP-030120 entitled "Inmate Property"
- OP-120230 entitled "Offender Banking System"

Signature indicates that the undersigned offender has reviewed, understands and agrees to comply with the listed applicable policies. Additional policies may be applicable as determined by the confining facility. Although not subject to loss of earned credits pursuant to OP-060125 entitled "Inmate/Offender Disciplinary Procedures," a violation of the rules outlined may result in additional violations of parole status.

Date	Offender Signature
Date	Officer Signature
Date	Team Supervisor